

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042329 (0)**

95 JAN 19 AM 9:48

1. Corporation Name
SOUTHEAST REFRIGERATOR & HOME APPLIANCE SERVICE, INC.

Principal Place of Business
**4207 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address
**4207 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 3a. Date of last report

08/01/1994

4. FFL Number

65-0499364

Applies For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Laws (or
Trust Fund Contribution)

\$5.00 May Be
Added to Fees

8. Does corporation have liability for unreported tax under 1984 FICA,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt #, etc.

State, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, KENT J
8075 S. BENEVA RD.
SUITE 6
SARASOTA FL 34238**

B1 Name

B2 Street Address of C/O, Tax Number or Post Office Box

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors, thereby accepting the appointment and registered agent, terms familiar with, and accept the obligations of, Section 607.0902, Florida Statutes.

SIGNATURE

(Registered Agent's printed name if registered agent is a natural person)

(If the agent is a corporation, print the name of the corporation)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BURG, ROBERT G
STREET ADDRESS	3236 S. LOCKWOOD RIDGE RD.
CITY, ST, ZIP	SARASOTA FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
1. TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0902 and 607.1508, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is valid for the purpose stated. If a change is made, that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Sections 607.0902 and 607.1508, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attached form with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1-13-95 813 422-7044